

Aurora Health Care®

**WORKER INJURY RETURN TO WORK REPORT
AHC FOND DU LAC OCCUPATIONAL HEALTH
210 Wisconsin American Drive
Fond du Lac, WI 54937**

August 20, 2014

EMPLOYEE INFORMATION:

NAME: Joseph Buck

DOB: 9/20/1958

DATE OF INJURY: 8/20/2014

EMPLOYER INFORMATION:

MERCURY MARINE

920-929-5000

WC Contact: HR

DATE OF SERVICE: 8/20/2014.

Provider: Stephen Kennebeck, PA-C

Time out: 2:56 PM.

DIAGNOSIS:

1. Low back strain, initial encounter

☐ Only "first aid" was required here today

STATUS: ☒ WORK RELATED ☐ NON WORK RELATED ☐ UNDETERMINED

DISPOSITION: ☐ DISCHARGED from care today, or:

FOLLOW-UP VISIT(S): Return in about 5 days (around 8/25/2014).
(Return sooner if condition worsens.)

8/25/12 @ 2:30 pm

RETURN TO WORK NOW:

☐ NO limitations

☐ WITH limitations as stated below

☐ Off work until next visit because: ☒ Home bound ☒ Bed rest ☐ Other:

ACTIVITY LIMITATIONS:

Are to be followed both at work and at home and are in effect until next clinic visit:

#1-use medicines as directed

#2-alternate ice and heat as directed

#3-recheck Monday anticipate either returning to full duty or some lighter duty.

#4- Consider PT if needed.

Other comments, limitations, or medications:

THANK YOU: for the privilege of serving as your Specialty Occupational Medicine Program!

If there are any questions, please call the clinic at Dept: 920-907-7000. Employer has been called at the time of initial injury visit, and the provider's typed first report is faxed to employer shortly after that initial visit with additional medical details. Call us if any subsequent updates are needed. Signed, R. Sturm, MD, MPH, Medical Director.

To employee: The Aurora medical provider sets your medical activity limitations with the goal of keeping you working. Your employer will determine if and when appropriate limited work is available for you. Your employer, not the medical provider, will find you a job or else remove you from work if there is no appropriate limited duty. Discuss this with your employer. If you anticipate problems commuting to work or need time off for other reasons, discuss these concerns with your employer. **To employer:** locating appropriate limited work for some injuries may require a dynamic approach; please call our case manager nurse or medical provider if you have questions regarding specific cases.

☐ Employer notified via phone regarding work restrictions and treatment plan.

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AHC Fond du Lac Occupational Health
 210 WISCONSIN AMERICAN DR
 Fond du Lac WI 54937-2999
 Phone: 920-907-7000

Joseph Buck

8/20/2014 1:45 PM Worker's Comp
 MRN: 3570530

Dept Phone: 920-907-7000
 Encounter #: 110628372
 DOB: 09/20/1958

Description: 55 year old male
 Provider: Stephen G Kennebeck, PA
 Department: Fdl Occ Health

Reason for Visit

Worker's Compensation WRK BACK PAIN MERCURY
 Reason for Visit History

Progress Notes

Stephen G Kennebeck, PA at 8/20/2014 2:34 PM

Author Type: Physician Assistant Status: Signed

WORKERS' COMPENSATION INITIAL VISIT NOTE

EMPLOYER: MERCURY MARINE

DATE OF INJURY: 8/20/2014

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Worker's Compensation
 WRK BACK PAIN MERCURY

HISTORY OF INJURY:

Joseph Buck is a 55 year old male, who complains of an injury that occurred while performing work activities at work.

He works at MERCURY MARINE in the position of machinist tech and has been with this employer for 2 years. He is right handed.

MECHANISM OF INJURY:

He states that while he was at work on 8/20/2014, he turning a pallet around to check gauge block before sending to machine. The pallet weighted about 4000 lbs. Push down on a lever with the foot and he has to manually turn the pallet. Sounded like something snapped in the lower right side of the back. He knelt down in pain called his supervisor. Hurts to walk or any sudden movements.

Usual job duties of this employee include: lifting, standing, bedrock, blocks

Other precipitating hobbies, accidents, home activities, outside jobs that could contribute to this include: none

Previous problems with this part of the body include: 1 month ago his back was hurting at work. He finished up that day at work, but couldn't get out of bed. Went to see a different doctor at Aurora in North Fond du lac Had a back strain with muscle spasms. They didn't take any x-rays

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He denies any numbness or tingling down that right lower extremity. No change in bowel or bladder habits. This is isolated to the right flank. He's had no fevers chills or urinary symptoms

Prior medical treatment, self-treatment, or first aid includes: Self-treatment applied ice to his back

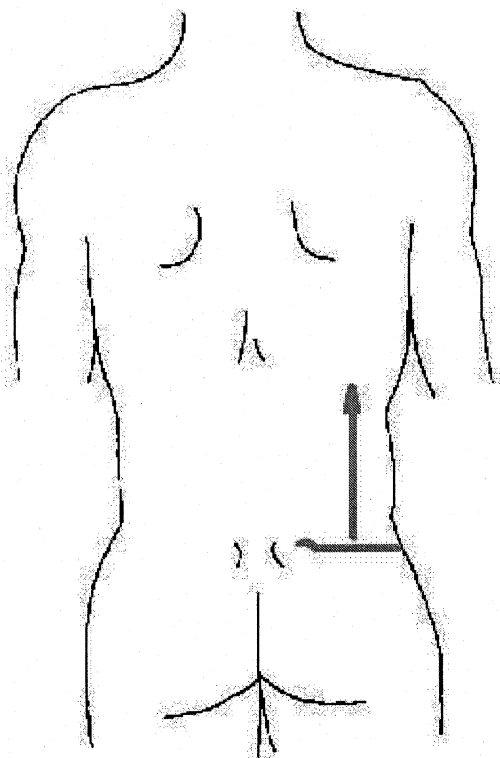
Compared to the worst the pain has been since the injury, patient reports 0% improvement at this time.

CURRENT MEDICATIONS:

Current Medications were reviewed. Medications relevant to this injury as actually taken at this time are: Aspirin 81 and Flexeril 2 pills today

Date of last tetanus booster: 2012

The specific location of pain or other symptoms is



ROS:

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A review of systems was performed specific to the work injury. Findings relevant to this injury are included in the History of Injury.

PROBLEM LIST:

The Problem List is reviewed and findings relevant to the injury were included in the HPI.

PHYSICAL EXAM:

BP 110/70 | Pulse 70 | Temp 97.7 °F (36.5 °C) (Oral) | Resp 16 | Ht 5' 11" (1.803 m) | Wt 168 lb (76.204 kg) | BMI 23.44 kg/m²

This gentleman looks quite uncomfortable. Lying he feels better. On exam over the right flank he's got palpable muscle spasm in a rather large knot. There is no redness or warmth. There is no true CVA tenderness. Abdomen soft good bowel sounds organomegaly no rebound no guarding. Power of both lower extremities is 5 over 5, DTRs are 2+ and equal range of motion at the waist is limited in all planes. There are no radicular symptoms. Rectal exam declined. Patient denies any saddle anesthesia

ASSESSMENT:

1. Low back strain, initial encounter

Work relatedness: Based on patient's history and my evaluation, it is my opinion that it is more likely than not that at least some of this injury/condition is work related within a reasonable degree of medical certainty.

PLAN:

Due to the severity of his back pain I am going to keep him off work for the next 24-48 hours for adequate pain relief with the aforementioned medicines. He'll alternate ice and heat as directed. I put him on a Medrol Dosepak Flexeril and some hydrocodone use as needed. We'll see him back Monday hopefully in anticipation returning to work full duty or least limited duty. We'll consider physical therapy if not significantly improved.

Activity Restrictions: See Return to Work Report. These restrictions apply from this time (8/20/2014) forward .

Treatment/Medications:

See plan above

Follow-up here: Return in about 5 days (around 8/25/2014).

Restrictions are specified in detail on the Return to Work Form and will be immediately faxed to the employer.

Total time spent with patient, most of which was spent in direct counseling and evaluation was 30 minutes.

Since Aurora Occupational Health is a Specialty Occupational Medicine Program I will do the following: My communications to the employer will include an immediate faxed copy of the Return to Work Form. For every first injury visit, and if the patient has taken a turn for the worse, I will direct my assistant to call the employer with a case summary, and a copy of this note will be faxed to the employer within two business days. My internal case manager nurse will separately review the case and contact employer, if needed, and is also available for insurance company inquiries. In the event of patient no-show, employer and patient will be

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contacted for tracking purposes. In the event of an outside specialist or therapy referral, this will be arranged and case managed by my office.

Please note: This is a Workers' Compensation chart abstract and does not include details or diagnoses unrelated to the work injury; additional details of a personal nature were reviewed by the provider and charted elsewhere.

If there are any questions about the case, please do not hesitate to contact our office at (920) 907-7240

Revision History

H&P Notes

No notes of this type exist for this encounter.

Vitals Recorded in This Encounter

| | |
|-----------|--------------------|
| | 8/20/2014 1430 |
| BP: | 110/70 mmHg |
| Pulse: | 70 |
| Resp: | 16 |
| Temp: | 97.7 °F (36.5 °C) |
| Temp src: | Oral |
| Weight: | 168 lb (76.204 kg) |
| Height: | 5' 11" (1.803 m) |

Additional Vitals

| |
|-------------|
| BMI |
| 23.44 kg/m2 |

Tobacco use

| |
|---------------|
| Last reviewed |
| 8/20/2014 |

Allergies as of 8/20/2014

Reviewed On: 8/20/2014 By: Tasha L Buslaff

No Known Allergies

Goals (5 Years of Data)

None

Outpatient Current Medications as of as of 8/20/2014

| | Disp | Refills | Start | End |
|---|-----------|---------|-----------|-----------|
| atorvastatin (LIPITOR) 40 MG tablet | 30 tablet | 11 | 7/30/2014 | 5/3/2015 |
| (Taking/Discontinued) | | | | |
| Sig - Route: Take 1 tablet by mouth daily. - Oral | | | | |
| Class: Eprescribe | | | | |
| Reason for Discontinue: Therapy Completed | | | | |
| cyclobenzaprine (FLEXERIL) 10 MG tablet | 30 tablet | 0 | 7/15/2014 | 8/25/2014 |
| (Taking/Discontinued) | | | | |
| Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral | | | | |
| Class: Eprescribe | | | | |

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Reason for Discontinue: **Therapy Completed****aspirin 325 MG tablet**

5/3/2015

(Taking/Discontinued)

Sig - Route: Take 325 mg by mouth nightly. - Oral

Class: Historical Med

Reason for Discontinue: **Therapy Completed****HYDROcodone-acetaminophen (NORCO) 5 15 tablet**

0

8/20/2014

5/3/2015

-325 MG per tablet (Discontinued)

Sig - Route: Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral

Reason for Discontinue: **Therapy Completed****methyIPREDNisolone (MEDROL**

21 tablet

0

8/20/2014

8/25/2014

DOSEPAK) 4 MG tablet (Discontinued)

Sig: follow package directions

Reason for Discontinue: **Therapy Completed****cyclobenzaprine (FLEXERIL) 10 MG tablet**

30 tablet

0

8/20/2014

8/25/2014

(Discontinued)

Sig - Route: Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral

Reason for Discontinue: **Therapy Completed****ibuprofen (MOTRIN) 800 MG tablet**

30 tablet

0

7/15/2014

10/22/2014

(Discontinued)

Sig - Route: Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral

Class: Eprescribe

Reason for Discontinue: **Duplicate Order****Pseudoeph-Doxylamine-DM-APAP**

5/3/2015

(NYQUIL PO) (Discontinued)

Sig - Route: Take 1 tablet by mouth as needed. - Oral

Class: Historical Med

Reason for Discontinue: **Therapy Completed****Ordered Medications**

| | Disp | Refills | Start | End |
|--|-----------|---------|-----------|-----------|
| HYDROcodone-acetaminophen (NORCO) 5-325 MG | 15 tablet | 0 | 8/20/2014 | 5/3/2015 |
| per tablet (Discontinued) | | | | |
| Take 1-2 tablets by mouth every 6 hours as needed for Pain. - Oral | | | | |
| Pharmacy: AURORA PHARMACY #1032 - FOND DU LAC, WI - | | | | |
| 210 WISCONSIN AMERICAN DR Ph #: 920-907-7260 | | | | |
| Reason for Discontinue: Therapy Completed | | | | |
| methyIPREDNisolone (MEDROL DOSEPAK) 4 MG | 21 tablet | 0 | 8/20/2014 | 8/25/2014 |
| tablet (Discontinued) | | | | |
| follow package directions | | | | |
| Pharmacy: AURORA PHARMACY #1032 - FOND DU LAC, WI - | | | | |
| 210 WISCONSIN AMERICAN DR Ph #: 920-907-7260 | | | | |
| Reason for Discontinue: Therapy Completed | | | | |
| cyclobenzaprine (FLEXERIL) 10 MG tablet | 30 tablet | 0 | 8/20/2014 | 8/25/2014 |
| (Discontinued) | | | | |
| Take 1 tablet by mouth 3 times daily as needed for Muscle spasms. - Oral | | | | |
| Pharmacy: AURORA PHARMACY #1032 - FOND DU LAC, WI - | | | | |
| 210 WISCONSIN AMERICAN DR Ph #: 920-907-7260 | | | | |
| Reason for Discontinue: Therapy Completed | | | | |

Diagnoses**Low back strain, initial encounter - Primary**

847.2

Follow-up and Disposition

Return in about 5 days (around 8/25/2014).

Routing History

1053**Patient Instructions**

None

Other Charges

| Charge ID | Procedure Code | Description | Qty. | Modifiers | Billing Provider | Diagnosis | Service Date | Status |
|-----------|----------------|---------------------------------|------|-----------|-----------------------|---|--------------|--------|
| 109145610 | 99203 | OFFICE/OUTPT VISIT,NEW,LEVL III | 1 | | Pierce M Sherrill, DO | Sprain of lumbar region Strain of muscle, fascia and tendon of lower back, initial encounter | 8/20/14 | Filed |

Level of Service**OFFICE/OUTPT VISIT,NEW,LEVL III [99203]****Electronic Copy of Report Sent To:**

From: Stephen G Kennebeck, PA On: 8/20/2014 3:54 PM
 To: Pierce M Sherrill, DO
 Priority: Routine

Routing History

There are no sent or routed communications associated with this encounter.

Annotation on 8/20/2014 2:41 PM by Tasha L Buslaff [N34532]: BACK

Encounter-Level Documents - 08/20/2014:

Patient Provided Data - Scan on 8/26/2014 8:51 AM : Patient Statement of Injury

Order-Level Documents:

There are no order-level documents.

Patient-Level Documents:

HIM ROI Authorization - Scan on 10/26/2015 11:11 AM : HICKEY & TURIM SC - WORK COMP
 HIM ROI Authorization - Scan on 9/9/2015 9:24 PM
 HIM ROI Authorization - Scan on 9/4/2015 1:56 PM
 HIM ROI Authorization - Scan on 7/28/2015 8:53 AM
 HIM ROI Authorization - Scan on 6/4/2015 10:53 AM
 HIM ROI Authorization - Scan on 5/14/2015 2:00 PM
 HIM ROI Authorization - Scan on 5/14/2015 1:55 PM
 HIM ROI Authorization DNS - Scan on 4/20/2015 9:05 AM
 Paper Work Policy DNS - Scan on 4/20/2015 9:04 AM
 Medication Policy DNS - Scan on 4/20/2015 9:03 AM
 No Show Policy DNS - Scan on 4/20/2015 9:03 AM
 Progress/Visit Note - Document on 4/15/2015 1:13 PM : IME (pg.5 of 5 only)
 Progress/Visit Note - Document on 4/15/2015 1:12 PM : Off Premise
 Progress/Visit Note - Document on 4/15/2015 1:12 PM : ROS and Medical History
 HIM ROI Authorization - Scan on 4/2/2015 11:50 AM : Mercury Marine
 HIM ROI Authorization - Scan on 1/14/2015 8:42 AM : Hickey & Turim SC mail 1/9/15
 HIM ROI Authorization - Scan on 12/24/2014 8:19 AM

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HIM ROI Authorization - Scan on 11/24/2014 9:47 AM

HIM ROI Authorization - Scan on 10/28/2014 11:38 AM : Patient request (signature at Pick up)

P/F FACESHEET - Scan on 1/17/2014 11:08 AM

NPP NOTICE OF PRIVACY PRACTICES - Scan on 1/17/2014 11:07 AM

Letters

| | Status |
|----------------------------------|--------|
| Stephen G Kennebeck on 8/20/2014 | Sent |

Chart Reviewed By

Pierce M Sherrill, DO on 8/28/2014 11:59 AM

Encounter Status

Electronically Signed by Pierce M Sherrill, DO on 8/28/14 at 11:59 AM

All Flowsheet Templates (all recorded)

Anthropometrics
Custom Formula Data
Encounter Vitals

Encounter Documents

| Type of Document | Status | Date Received | Received By | Description |
|-----------------------|------------|---------------|----------------------|-----------------------------|
| Annotation | [Received] | | BUSLAFF, TASHA L | BACK |
| Patient Provided Data | [Received] | | VANSCHAICK, MARCIA L | Patient Statement of Injury |

Research Study Linked to Worker's Comp on 8/20/2014

No research study is linked to this encounter.

Chronic Care Management Program - Time Tracking (This Encounter)

No data filed

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